

## Group Lesson Registration Form for: Adults & Juniors

Adult Clinic: \_\_\_\_\_ Junior Clinic \_\_\_\_\_ (please mark what clinic signing up for)

Program Name Signing up for: \_\_\_\_\_

Day & Date of class(s): \_\_\_\_\_

\_\_\_\_\_

Students Name: \_\_\_\_\_

Students Age (Junior Golfer Only): \_\_\_\_\_

Need Clubs? No \_\_\_/ Yes \_\_\_ Circle if you need Right Handed or Left Handed

Parent or Guardian Name (if signing up for Jr. Clinic): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

Please send lesson payment to: Diane Rama, 199 Township Line Rd, Harleysville, Pa. 19438